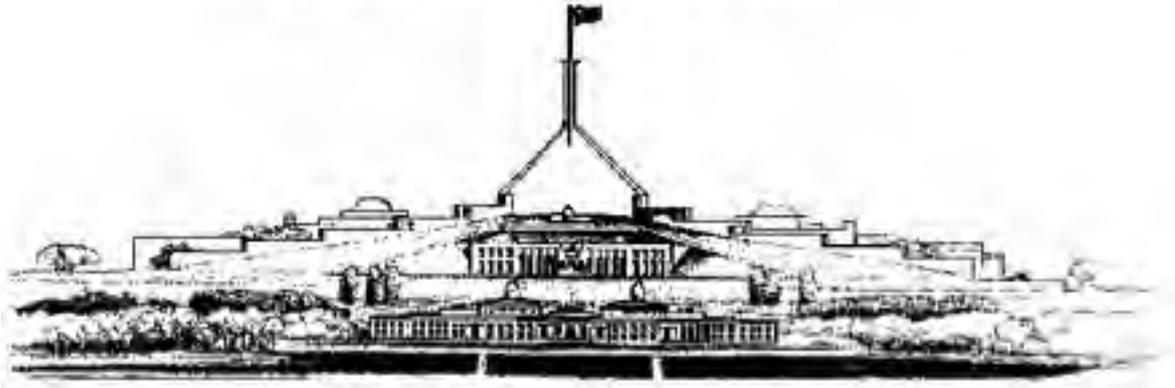




COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



**THE SENATE**  
**PROOF**  
**ADJOURNMENT**

**Asbestos**

**SPEECH**

**Thursday, 16 August 2012**

BY AUTHORITY OF THE SENATE

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## SPEECH

**Date** Thursday, 16 August 2012  
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**Questioner**  
**Speaker** Singh, Sen Lisa

**Source** Senate  
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**Question No.**

**Senator SINGH** (Tasmania) (22:24): I am talking tonight about the terrible impact of asbestos on the health of India's huge number of former asbestos mine workers. I was fortunate enough last month to attend a meeting in New Delhi of 23 anti-asbestos activists and trade union leaders to discuss their campaign for justice for workers employed in asbestos mines in India until the 1980s. The meeting took place in the shadow of the decision by the Quebec government in Canada to help a company reopen an asbestos mine that could sell thousands of tonnes of asbestos to countries such as India. Every person at the meeting in New Delhi was alarmed by the news that Quebec had provided the Jeffrey mine in the province with a \$58 million loan guarantee to revive the asbestos industry. The point was not lost on my Indian friends that asbestos was virtually banned in Canada but Canada was now prepared to allow the export of the deadly material to developing countries.

India has a potentially massive public health problem on its hands in responding to the needs of the three million workers employed in asbestos mines in Rajasthan until the 1980s. The full extent of asbestos related illness amongst workers across Rajasthan is still unknown because of a lack of data; accurate records were never kept. I was amazed to hear from the Mine Labour Protection Campaign Trust CEO, Rana Sengupta, that no medical records had been kept and that there was no data on asbestos sufferers in India. This is an incredible situation given that the World Health Organization, the International Labour Organization and other international organisations have all said asbestos is a carcinogen.

My meeting with the Mine Labour Protection Campaign Trust was highly enlightening. Part of MLPC's work has involved setting up a camp to diagnose the medical conditions of workers and collect that data. The initial diagnosis of 88 former asbestos mine workers by India's National Institute of Occupational Health strongly suspects the deadly disease asbestosis among more than 80 per cent of the mine workers. These people had worked in the hazardous asbestos mines for a pittance. Many young men and women had been engaged as child labour. The MLPC is still trying to trace many of the women who as children worked in the asbestos mines and today are married and living in villages. The MLPC told me that within a month of the diagnosis camp the

National Institute of Occupational Health had agreed to hand over individual examination reports along with confirmed diagnoses. The Indian anti-asbestos activists will then begin the arduous journey of seeking justice for the victims of asbestos disease. This handover of examination reports and confirmed diagnoses is highly significant in the history of asbestos disease in India. For the first time in this tragic saga a government authority in India would have diagnosed and confirmed the disease.

The MLPC, while fighting for justice to asbestos victims, has not turned a blind eye to the needs of former workers for employment to support their families. These Indians are overwhelmingly poor and uneducated, with few, if any job, job prospects. The MLPC is looking at using a well-known government scheme to have asbestos mines that have closed filled in. This action would not only provide workers with employment but also close the open asbestos pits which the MLPC believes some mine owners may try to reopen at the first opportunity. I am told that there is a renewed campaign in the corridors of government in India to reopen some of these asbestos mines, which would be absolutely tragic.

The recent decision by the Quebec government in Canada to approve a \$58 million guarantee for the Jeffrey asbestos mine has widely been condemned in the medical and public health community across the world. I am aware of suggestions in Canada that the project, when it goes ahead, will create up to 500 direct full-time jobs and 1,000 indirect jobs in the region. I am also aware that comments by the mine's backers that the form of asbestos produced at the Jeffrey mine—it is known as chrysotile asbestos—is safe. These comments about safety are completely contrary to the declaration by the World Health Organization that chrysotile asbestos is a carcinogen and that the most efficient way to eliminate asbestos related diseases is to stop the use of all types of asbestos.

The wave of condemnation of Quebec's decision is not restricted to medical and health organisations outside of Canada. There has been considerable criticism of the decision by the Canadians themselves. Paul Lapiere of the Canadian Cancer Society said in a statement on 29 June that the society was deeply disappointed and frustrated that Quebec had approved the loan guarantee for the mine. He said the decision was in

direct conflict with global cancer control, because all forms of asbestos cause cancer. The society urged the Quebec government to reconsider the decision, cancel the loan guaranteed and redirect the funds to projects to help the affected communities diversify their economic base. The Canadian health society has been joined by other health organisations, including Quebec's regional health bureaus and the Canadian Medical Association, in urging the government not to support the mine.

I note also that the UK Prime Minister, Mr David Cameron, is concerned about exports of Canadian asbestos to India. In response to a question in the House of Commons on 11 July this year, Mr Cameron promised to raise the matter with the head of the World Health Organization, who was scheduled to meet him. Asbestos, of course, is banned in the UK and in the European Union. Mr Cameron replied in strong terms, saying that the UK was totally opposed to the use of asbestos anywhere in the world and would deplore its supply to developing countries.

The fears of India's anti-asbestos campaigners about possible imports of asbestos from the Canadian mine are very well founded. Although India banned asbestos mining in 1986, the importation, manufacture, use and sale of asbestos products continues to grow. The asbestos industry in India is worth some US\$900 million and currently has more than 121 units operating across India, with 300,000 metric tonnes of asbestos used in India each year. Employers have their own association which represents a powerful lobby in the country.

The figures just mentioned tell a shocking story. It is indisputable that imported asbestos will continue to kill many Indian workers—men and women of this generation and those of generations to come. However, more and more people in India are starting to understand the deadly effects of asbestos, and there are encouraging signs that people are prepared to protest at the grassroots level against expansion of the industry.

While in India, I was able to tell my friends in the trade union movement about what Australia has done to ban the use of asbestos and help victims of asbestos related disease. On that, I would like to acknowledge that the Minister for Employment and Workplace Relations, Bill Shorten, today released the Asbestos Management Review report which was commissioned by this Labor government to look into how we are going to tackle asbestos in the future in this country to ensure that we deal with the ongoing legacy of asbestos since its high use starting in the 1950s. Importantly, in India I was able to tell the trade unions about some of the projects that we have done here, like one in my home state of Tasmania. There was a cement plant in Tasmania known as Goliath Cement. That has now

been converted to a non-asbestos cement plant. It produces cement sheeting and continues to provide jobs to workers in Tasmania. Again, this is something that Indian asbestos cement manufacturing could look at in seeking alternatives to asbestos.

In a country as vast and populous as India, finding employment for workers displaced from the asbestos industry remains a major consideration of anti-asbestos campaigners. As my friend Mohit Gupta said recently, 'It doesn't have to be an all or nothing game.' I admire greatly the efforts of anti-asbestos campaigners in India to improve the lot of asbestos disease sufferers. They are under resourced and face a powerful asbestos lobby with the ear of many people in government. They deserve our full support to end the deadly trade, use and manufacture of asbestos from Canada to India.